

Hip fractures are a frequent event, with a lack of evidence as to how these patients are globally treated peri-operatively and a need exists to identify current management patterns. A UK web-based survey investigated the rationale of fixation of AO 3.1.A.1 and AO 3.1.A.3 fractures, post-operative x-rays, venous, VTE prophylaxis and follow up.

249 trainees responded. 98% chose a sliding hip screw for the AO 3.1.A.1 fracture. For the AO 3.1.A.3 fracture 95% chose an intra-medullary device. 24% of respondents selected the option most representative of current NICE guidelines for VTE prophylaxis. 79% requested post-operative x-rays and 87% outpatient follow up.

Trainees show compliance with published evidence in terms of their choice of fixation of the AO 3.1.A.1 fracture pattern. Fixation of the AO 3.1.A.3 fracture with an intra-medullary device is clearly common place, but the evidence to support this is currently not conclusive. Routine post-operative x-rays are not supported by the evidence and are unnecessary in terms of cost and radiation exposure. Routine outpatient follow up is an increased burden on finite resources.

This work is evidence of contemporary hip fracture peri-operative care and has implications in light of the growing burden of these injuries.

#### 0494: THROMBOEMBOLIC PROPHYLAXIS IN ACUTE ACHILLES TENDON RUPTURE

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**Aim:** Current evidence for routine thromboprophylaxis in acute Achilles tendon (TA) ruptures is controversial and lacking. Rate of a venous thromboembolic event (VTE) reportedly varies between 6.3%– 34%. No national guidelines have been set specifically for this purpose. The aim of this audit is to assess the rate of VTEs and review the need for routine thromboprophylaxis for VTE at our local Orthopaedics Department with suggestions of a protocol of management.

**Method:** Retrospective review of patient demographics, management of acute TA rupture, follow up and rate of VTEs using case notes and imaging services for patients with acute TA rupture during May 2009 to October 2011.

**Results:** The rate of VTE in our case series of 76 patients was 6.6% (5/76) during the 30 months study period. 3 patients had distal DVT and 2 patients had non-fatal pulmonary embolism all within 3 months of TA rupture diagnoses. All patients had additional associated risks for thromboembolic events.

**Conclusions:** In view of the evidence, low incidence of VTE does not support the use of routine chemoprophylaxis. However, anticoagulation should be considered for patients who have additional factors contributing to VTEs in the setting of acute TA ruptures.

#### 0508: AUDIT OF HANDOVER PRACTICE IN ORTHOPAEDICS AND TRAUMA – CAN IMPROVEMENTS BE MADE?

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**Aims:** To assess the efficiency and safety of patient handover in a level 2 trauma centre with a catchment of 650,000 patients.

**Method:** A two week sample of handover sheets was compared to the national standards from the Royal College of Surgeons, England. These identify categories of handover information. Fifteen doctors (Foundation Year 1 to Core Surgical Trainee Year 2) collected whatever documentation for handover had been used. A template handover sheet was then created and our data presented at the multi-disciplinary departmental meeting. It was readily adopted as the working on-call list and three months later the audit cycle was completed.

**Results:** The initial audit revealed 54% of the minimum information was handed over. The re-audit showed this to be 90% and of all the points within the guideline, 66% were now being handed over – an increase of 36% and 27% respectively.

**Conclusion:** A clear need for improvement in handover practice has been fulfilled by the introduction of a simple, well designed template – demonstrating a safer and more complete handover practice. Shift patterns add to the challenge of handover and a system needs to be in place to accommodate this to optimise patient care.

#### 0522: GENERAL PRACTITIONERS REQUESTS OF KNEE RADIOGRAPHS: WEIGHT BEARING VERSUS NON WEIGHT BEARING AP VIEWS

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**Aim:** To determine how many patients, with suspected osteoarthritis of the knee, were being referred to orthopaedic outpatient clinics from General Practitioner's with non-weight bearing AP knee radiographs, to determine the number of patients subsequently having repeat weight bearing AP knee radiographs and the financial cost.

**Method:** Prospectively over a two week period we reviewed the radiological investigations ordered prior to the consultation in orthopaedic outpatients.

**Results:** GP's referred 36 (87.8%) the remaining 5 (12.8%) were tertiary referrals. None of the GP referrals had weight bearing AP knee radiographs prior to the consultation. Half had non-weight bearing AP knee radiographs the remainder had no radiographs taken prior to referral. Weight bearing AP knee radiographs were ordered in clinic on 23 (63.9%) of the GP referred patients, of these 9 (25%) had previous non-weight bearing AP knee radiographs thus necessitating further radiation exposure and expense.

**Conclusion:** The additional cost for a single knee radiograph at our hospital is £30. If we extrapolate the 9 patients requiring repeat weight bearing AP knee radiographs in the study equates to £ 7,020 per annum. We suggest that all requests to the radiology department for knee radiographs from GP's are standardised to be weight-bearing AP.

#### 0541: AN AUDIT OF THE IMPACT OF PSYCHIATRIC ILLNESS OR INTOXICATION ON ORTHOPAEDIC MORBIDITY & COST

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**Aim:** To assess the impact of psychiatric illness and/or intoxication on injury severity, duration and expense of hospital stay in orthopaedic patients.

**Methods:** Orthopaedic admissions, for July 2011, from the Emergency Department at St James's Hospital were reviewed. Patients were categorized into 4 groups. Group 1 (n=65). Control group - no psychiatric co-morbidities (and sober on admission). Group 2 (n=15). Patients with psychiatric co-morbidity. Group 3 (n=8). Patients in which their psychiatric co-morbidity directly caused injury. Group 4 (n=15). Patients in which intoxication (alcohol and/or drug) directly caused injury.

**Results:** In Comparison to Group 1: (per patient basis) Group 2: 3x longer average duration of hospital stay, Twice number of theatre procedures, Twice number of scans (XR, CT and MRI). Group 3: 6x higher average duration of stay, 3x number of theatre procedures, 3.5x number of scans, 2x number of Multi-Disciplinary team components.

**Group 4:** 3x longer average duration of stay, 1.25 number of scans, 1.5x number of MDT components. The average Injury Severity Score was highest in Group 3.

**Conclusions:** Psychiatric illness and substance abuse were associated with substantially greater orthopaedic morbidity, duration of stay and cost.

#### 0612: AUDIT OF DABIGATRAN ETEXILATE FOR THE PREVENTION OF VENOUS THROMBOEMBOLISM AFTER ELECTIVE HIP AND KNEE SURGERY

Hannah Blanchford, Catherine Hooks, David Graham. *Gateshead Hospital NHS Foundation Trust, Gateshead, UK*

**Aim:** This audit assessed compliance with Gateshead Hospital NHS Foundation Trust guidelines on dabigatran for the prevention of venous thromboembolism (VTE) after elective total hip and knee replacement surgery.

**Method:** The notes of 62 patients who underwent elective hip and knee replacement surgery in June 2010 were retrospectively reviewed for compliance with trust VTE guidelines. Following implementation of recommendations for staff training, re-audit was performed in June 2011.

**Results:** 74% and 33% of patients received dabigatran whilst inpatients in 2010 and 2011 retrospectively. Re-audit demonstrated an improvement from 85% to 100% for patients receiving the correct post-operative dose of dabigatran. In both audits, half of patients received dabigatran within the 1-4 hour time frame after surgery. The percentage of patients not receiving any VTE prophylaxis on the day of surgery fell from 13% in 2010 to 6.6% in 2011.